For official use only:	
Customer Name	Customer No.

PD F 1071 E Department of the Treasury
Bureau of the Public Debt

SUPPORTING STATEMENT OF OWNERSHIP FOR

OMB No. 1535-0102

(Revised September 2003		UNITED STATES	BEARER SECURI	HES	
security is overdue after	structions in filling out this for r the lapse of six months from ement to the United States is a c PRIN	its face maturity dat	e. You should be awa ole by fine and/or impri	re that the making	supporting statement. A portion of any false, fictitious, or
1. Description of Secu	urities: (Physical presenta	tion of the security	must accompany this	form.)	
(Identify b	LOAN TITLES by interest rate, title, call and maturity of	lates)	FACE AMOUNT	SERIAL	NUMBER
2. When did you acqui					
3. How or from whom	did you acquire the securitie	es?			
4. Was there any notic	e of any defect in title? Ye	es No If Y	es, please explain.		
5. Why didn't you pres	sent the securities for payme	ent at their face ma	turity dates or befor	e they became ov	 /erdue?
SIGNATURE AND CER	TIFICATION				
	erjury, I certify that the informes described on this form and				
	Social Security Number of Payee)		OR(Emplo	oyer Identification Numb	er of Payee)
Under penalties of pe	erjury, I also certify that:				
to me), and	yer identification number is m		·		
Internal Revenue	to backup withholding because Service (IRS) that I am subjectified by the IRS that I am no	ct to backup withho	lding as a result of a f	ailure to report all	
3. I am a U.S. perso	on (including a U.S. resident a	lien).			
	actions. You must cross out because you have failed to rep				are currently subject to
	You must wait until you ar	e in the presence o	f certifying officer to	sign this form.	
Sign Here					
<u> </u>	(Signature)		(Print Nam	ne) (D	aytime Telephone Number)
Home Address	(Number and Street or Rural Rout	-)	(Cit.)	(04-4-)	(7ID C- 4-)
Certifying Officer	The individual must sign in	<i>'</i>	(City) Complete the certific	(State)	(ZIP Code) our stamp or seal.
I CERTIFY that	<u> </u>		, whose identity	y is known or was pro	oven to me, personally
appeared before me this	day of	(Month)	, at	(City)	,
and signed this form.		(Montn)	(Year)	(City)	(State)
(OFFICIAL STAMP (Signature OR SEAL)		(Signature and title	and title of certifying officer)		
· ·			(Street	address)	
My commission expires	(For notaries only)	(City)		(State)	(ZIP Code)

INSTRUCTIONS

USE OF FORM

This form is a supporting statement. When an overdue security is presented and surrendered for redemption, we ordinarily require proof of ownership. Physical presentation of the security must accompany this form.

The face maturity date of a security is the payment date specified in the text of the security. We consider a security to be overdue after the lapse of six months from its face maturity date.

COMPLETION OF FORM – Print clearly in ink or type all information requested.

- **ITEM 1.** Furnish the title of the securities and all identifying information shown on the face of the securities. The title of the securities includes the interest rate, type of security, call year if applicable, and maturity year. Furnish the face amount and serial number for each security.
- **ITEM 2.** Tell us when you acquired the securities.
- ITEM 3. Indicate how or from whom you obtained the securities.

If you acquired them through:	Tell us:		
Purchase	Whom you purchased the securities from and at what price.		
Gift	The occasion for which the gift was received and your relationship, if any, to the donor.		
Inheritance	If you received the securities through the administration of the decedent's estate, or		
	If the securities were distributed to you after the decedent's estate was closed.		
Exchange for other Property	If the estate was not administered and you received the securities in place of other property; what property was exchanged, what was its fair market value, and how you acquired it.		

ITEM 4. - Check the appropriate block to indicate if there was any notice of a defect in title and, if so, please provide an explanation.

ITEM 5. – Tell us why the securities were not submitted for payment before they became overdue.

SIGNATURE AND CERTIFICATION

- **SIGNATURE** You must provide your taxpayer identification number and certify that you are not subject to backup withholding, if appropriate. If you are subject to backup withholding, you must strike through Item 2 of this section. You must sign the form in ink, print your name, and provide your address and daytime telephone number. Your signature to the form must be certified, as indicated below.
- CERTIFICATION You must appear before and establish identification to the satisfaction of an authorized certifying officer, a notary public, or other officer authorized by law to administer oaths and sign the form in the presence of the officer. The certifying officer must complete the certification form provided and affix the seal or stamp which is used when certifying requests for payment. A notary public or similar officer must also show the expiration date of his/her commission. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a complete list of such officers see Department of the Treasury Circular No. 300, current revision.

ADDITIONAL INFORMATION – For a copy of the regulations, additional forms, other information, or further instructions, contact the office shown in "Where to Send" below.

WHERE TO SEND – Send the securities and the completed form to the Bureau of the Public Debt, Marketable Assistance Branch, PO Box 426, Parkersburg, WV 26106-0426.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in "WHERE TO SEND" above.**

(2) PD F 1071